

## DIABETES FLOW SHEET

**Name:**

**I.D. No:**

**D.O.B:**

Date:										
<b>Basic Guidelines for Diabetes Care</b>										
Review Self Blood Glucose Results (every visit)										
Blood Pressure (every visit) Target:										
Weight (every visit) Target:										
Foot Exam (every visit)										
HbA1c (every 3 months) Lab Range: _____ Target:										
Dental Exam (twice per year)										
Microalbuminuria/albumin/creatinine ratio (every yr. if urine protein negative)										
Dilated Eye Exam (every yr)										
Cholesterol (every yr) / Triglycerides (every yr) Target:										
HDL (every yr) / LDL (every yr) Target:	/	/	/	/	/	/	/	/	/	/
Influenza(every yr) / Pneumo. Vac (as recommended by CDC)	/	/	/	/	/	/	/	/	/	/
Patient Diabetes Health Record Review (Pocket Card)	/	/	/	/	/	/	/	/	/	/
<b>Self-Management Training</b>										
Behavioral Issues / Depression										
Smoking Cessation	/	/	/	/	/	/	/	/	/	/
Self Glucose Monitoring / Problem-Solving Skills	/	/	/	/	/	/	/	/	/	/
Nutrition / Weight Management	/	/	/	/	/	/	/	/	/	/
Physical Activity	/	/	/	/	/	/	/	/	/	/
Sick Day Management	/	/	/	/	/	/	/	/	/	/
Hypo/Hyperglycemia										
Foot Care										
<b>General Care</b>										
Periodic H&P / Pap or Prostate Exam										
Mammogram / Chest X-Ray	/	/	/	/	/	/	/	/	/	/
Stool for Occult Blood or Flex Sigmoidoscopy	/	/	/	/	/	/	/	/	/	/
PPD / Tetanus	/	/	/	/	/	/	/	/	/	/
EKG	/	/	/	/	/	/	/	/	/	/
Medication Adherence: Adequate / Inadequate	/	/	/	/	/	/	/	/	/	/